

West Bengal Form No. 815

Plate No. ....

Register No. 1800804

756

# R. G. KAR MEDICAL COLLEGE & HOSPITAL

## Electro Therapeutic Department

Report / Treatment is required of

Name Ujjal Dasgupta Age 60y Sex M

Address .....

Physician / Surgeon Unit in card Ward MMW 6 No. of Bed / Cabin 9

Paying / Non Paying .....

Brief history of case

Clinical Diagnosis

Particulars point to be Investigated

Instruction

Date 20/11/18

*MRI Brain  
MR Angiography Brain*

Signature *[Handwritten Signature]*

**REPORT**